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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
31446-179039

In re Application of Vaidya Balendu PRAKASH	
Application Number 10/070,540 Filed	
For PHARMACEUTICAL AYURVEDIC PREPARATION	
Group Art Unit 1651	Examiner H. Lilling

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> .	

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 26,032.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 15, 2005

Date


Signature

Marina V. Schneller

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.



SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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